

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

Attachment 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and  
notice requirements specified  
in the regulation.)

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TN No. SP-360  
Supersedes \_\_\_\_\_ Approval Date: **DEC - 7 1995** Effective Date: 7/1/95  
TN No. new page